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TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Application Number	09/582,797		
	Filing Date	6/29/2000	
	First Named Inventor	C. Megglw	
	Group Art Unit		
	Examiner Name		
TOTAL NUMBER OF PAGES IN THIS SUBMISSION		Attorney Docket Number	15675.P321

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawings	<input type="checkbox"/> Appeal Communication to Board of Appeals & Interferences
<input type="checkbox"/> Amendment/Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) & Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition Checklist & Accompanying Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input checked="" type="checkbox"/> DECLARATION AND POWER OF ATTORNEY
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<input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Small Entity Request	
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	
<u>Remarks</u>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT


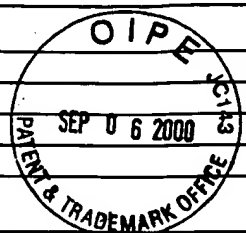
Firm or Individual Name	BLAKELY SOKOLOFF TAYLOR & ZAFMAN		
	ERIC S. HYMAN		
Signature		09/12/2000	ERIMANDO 00000050 09582797
Date	September 1, 2000	01 FC:154	130.00 DP

CERTIFICATE OF MAILING

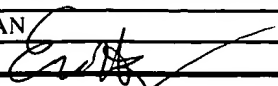
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 <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <p style="font-size: small; margin: 5px 0;">Note: Effective October 1, 1997 Patent fees are subject to annual revision</p>		<p><i>Complete If Known</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>09/582,797</td></tr> <tr><td>Filing Date</td><td>6/29/2000</td></tr> <tr><td>First Named Inventor</td><td>C. Meggle</td></tr> <tr><td>Group Aft Unit</td><td></td></tr> <tr><td>Examiner Name</td><td></td></tr> <tr><td>Attorney Docket No.</td><td>15675.P321</td></tr> </table>		Application Number	09/582,797	Filing Date	6/29/2000	First Named Inventor	C. Meggle	Group Aft Unit		Examiner Name		Attorney Docket No.	15675.P321
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METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																		
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees & credit any overpayments to:</p> <p>Acct # <u>02-2666</u></p> <p>Acct Name <u>Blakely Sokoloff Taylor & Zafman</u></p> <p><input checked="" type="checkbox"/> Charge any add'l fee required under 37 CFR 1.16 & 1.17 <input type="checkbox"/> Charge issue fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<h3 style="text-align: center;">Additional Fees</h3> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Code</th> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> 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SUBMITTED BY				COMPLETE (if applicable)			
Name		ERIC S. HYMAN		Reg. Number		30,139	
Signature				Date		9/1/00	
				Deposit Acct User ID			

*Highest number of claims previously paid for if an amendment is being transmitted.